

# PARKS & RECREATION REGISTRATION FORMS

<b>Parent/Guardian:</b> First Name			Last Name		
Address			Email		
City			State		Zip Code
Home Phone (      )			Cell Phone (      )		
Emergency Phone (      )			Emergency Contact		
<b>Participant</b>		Birth date		Program Name/Date/Time/Session	
First	Last	Mo	Day	Year	Fees

Medical Information, special needs, (e.g., Allergies or other medical restrictions, issues, etc.) - if additional space is needed, attach information to application.)

**General Recreation Programs:** Please make check or money order payable to: Abington Township and mail to Abington Township Parks & Recreation, 515 Meetinghouse Road, Jenkintown, PA 19046.

**Briar Bush Nature Center Programs:** Please register online at [www.briarbush.org](http://www.briarbush.org) or make check or money order payable to: **Friends of Briar Bush** and mail to: BBNC, 1212 Edgehill Road, Abington, PA 19001

**Refund Policy:** A 20% service fee will be charged for all refunds. Request must be made at least five (5) business days before a program / thirty (30) days before a trip is scheduled to begin. Refunds will not be issued once the program begins. For Briar Bush Nature Center's refund policy, please visit [www.briarbush.org](http://www.briarbush.org).

**Photo Policy:** On occasion, we may take photos or video of individuals enrolled in programs or using parks facilities. Please be aware that these images are for Township use and may be used in future promotional materials.

X

Parent/Participant Signature

## FORM OF PAYMENT - OFFICE USE ONLY

Total Fee \$ \_\_\_\_\_ Date \_\_\_\_\_

CASH\* CHECK # \_\_\_\_\_ MONEY ORDER # \_\_\_\_\_ VISA\* MASTER CARD\* DEBIT CARD\* (\*IN PERSON)

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# TOWNSHIP OF ABINGTON

John L. Spiegelman, *President*  
Thomas Hecker, *Vice President*  
Richard J. Manfredi, *Township Manager*  
Jay W. Blumenthal, *Treasurer*

## ABINGTON TOWNSHIP PROGRAM PARTICIPANT LIABILITY WAIVER AND RELEASE

**READ CAREFULLY BEFORE SIGNING- THIS FORM MUST BE COMPLETED AND SUBMITTED FOR EACH PARTICIPANT. ONE PARTICIPANT PER FORM. EACH PARTICIPANT AGE 18 AND OVER MUST SIGN THIS FORM. PARENT/GUARDIAN MUST SIGN ON BEHALF OF ANY MINOR PARTICIPANT.**

I acknowledge that I voluntarily have applied, for myself and/or any additional family members or minors in my care, to participate in program(s) and/or events offered by the Township of Abington.

I understand that participation in such program(s) involves risk of injury. I understand these risks are entirely my responsibility. I expressly assume these risks. In particular, I am aware of the risks and hazards inherent upon entering the program area(s) and I choose to voluntarily enter the premises, knowing the conditions might become more hazardous and/or dangerous for myself and I voluntarily assume all such risks, loss, damages, or injury that may be sustained by my participation.

By signing this release of liability and participating in the program(s), and in consideration for being permitted to participate in the program(s), I do hereby, for myself, my heirs, executors, administrators and assigns, and/or for any additional family members and minors in my care for whom I am submitting a registration, fully and forever release, indemnify, and discharge Abington Township and their officers, officials, departments, and other representatives and their heirs, administrators, successors and assigns, from any and all manner of action, cause of action, suits, debts, accounts, controversies, damages, claims and demands whatsoever, which I or my legal representative, and/or any minors in my care may have or acquire against Abington Township and their officers, agents and other representatives, by reason of any loss resulting from personal injury or damage to personal property belonging to me and/or any minors in my care which may occur during or by reason of my, and/or any additional family members' or minors' in my care, participation in the program(s), whether the same be known or unknown, anticipated or unanticipated. I fully and forever release and discharge Abington Township and their volunteers and vendors, employees and agents from any and all negligent acts and omissions in the same. I hereby grant Abington Township and any of its officials, officers, agents and other representatives full authority to take whatever action they may consider to be warranted regarding my, and/or any additional family members' or minors' in my care, health and safety, and I fully release Abington Township, its officials, officers, agents and other representatives from any liability for such actions taken on my behalf or on behalf of any additional family members or minors in my care.

I understand that no health and/or accident insurance is provided by Abington Township. I also understand and agree, for myself, and/or for any minors in my care, that I am solely responsible for the cost and expense for furnishing medical or other insurance to cover any expenses related to any such personal injuries or property damage.

Please check each program the participant is registering for:

- |  |  |
|--|--|
| <input type="checkbox"/> Babysitting Workshop                    | <input type="checkbox"/> Soccer Shots              |
| <input type="checkbox"/> I9 Sports 2022 Spring Basketball League | <input type="checkbox"/> Aikido                    |
| <input type="checkbox"/> I9 Cheerleading Clinic                  | <input type="checkbox"/> Adult Introductory Tennis |
| <input type="checkbox"/> Children's Watercolor                   | <input type="checkbox"/> 60+ Tennis                |
| <input type="checkbox"/> Children's Craft Night                  | <input type="checkbox"/> Pickleball 101            |
| <input type="checkbox"/> Beginner's Camping Workshop             | <input type="checkbox"/> Adult Watercolor          |
| <input type="checkbox"/> Theatre Arts Workshops                  | <input type="checkbox"/> Holiday Drop and Shop     |



- \_\_\_\_\_ Abington, Pennsylvania – 100 Years Ago
- \_\_\_\_\_ History of Willow Grove Park
- \_\_\_\_\_ Radio City Music Hall Christmas Spectacular
- \_\_\_\_\_ Trunk-or-Treat
- \_\_\_\_\_ California Rail Discovery
- \_\_\_\_\_ Albuquerque Balloon Fiesta

**Please print clearly:**

Adult Participant Name (Print): \_\_\_\_\_

Adult Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If participant is a minor, parent/guardian must sign below:*

Minor Participant Name (Print): \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# TOWNSHIP OF ABINGTON

## ABINGTON TOWNSHIP COVID-19 ASSUMPTION OF RISK AND RELEASE FORM

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Abington Township has put in place preventative measures to reduce the spread of COVID-19. However, Abington Township cannot guarantee that you or any minors in your care will not become infected with COVID-19 by participating in any of the activities offered by the Township, including but not limited to, Parks and Recreation, Public Works, and/or the Library. Further, participation and attendance with any Abington Township programs or activities could increase your, or any minors in your care, risk of contracting COVID-19.

**READ CAREFULLY BEFORE SIGNING-- PLEASE SIGN AND INITIAL WHERE INDICATED. IF PARTICIPANT IS UNDER 18 YEARS OF AGE, PARENT/GUARDIAN MUST INITIAL AND SIGN BELOW. ONE PARTICIPANT PER FORM.**

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk for myself and/or for any minors in my care that may be exposed to, or infected by, COVID-19 by participation in Abington Township's activities, programs, or events and that **such exposure or infection may result in personal injury, illness, permanent disability, and death;**

INITIALS: \_\_\_\_\_

I understand that the risk of becoming exposed to, or infected by, COVID-19 at any Abington Township location may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Abington Township, its employees, volunteers, agents, representatives program participants and their families;

INITIALS: \_\_\_\_\_

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself and any minors in my care: including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense of any kind, that I or minors in my care may experience or incur due to COVID-19 in connection with my participation with Abington Township;

INITIALS: \_\_\_\_\_

On behalf of myself and minors in my care, I hereby release, covenant not to sue, discharge, and hold harmless Abington Township, its employees, volunteers, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Abington Township, its employees, volunteers, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation with Abington Township;

INITIALS: \_\_\_\_\_



On behalf of myself, I hereby agree to indemnify ABINGTON TOWNSHIP, its employees, volunteers, agents, and representatives from and against any and all loss, liabilities, claims, actions, damages, costs, expenses of any kind, including reasonable attorney's fees, arising out of participation in programs or activities offered by Abington Township Parks and Recreation in the 2021 - 2022 Fall and Winter Activities Guide. I understand and agree that this provision includes Claims based on actions, omissions, or negligence of ABINGTON TOWNSHIP, its employees, volunteers, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in the ABINGTON TOWNSHIP program or activity that I have registered for and listed on the Abington Township Waiver and Release form.

INITIALS: \_\_\_\_\_

In the event that I, or a minor in my care, files a lawsuit, I agree to do so in the state of Pennsylvania and I further agree that the substantive law of that state shall apply. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

INITIALS: \_\_\_\_\_

By signing this document, I agree that if I, or a minor in my care, is exposed or infected by COVID-19 during participation with Abington Township, then I, or any minor in my care, may be found by a court of law to have waived my right or the rights of any minor in my care to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

INITIALS: \_\_\_\_\_

If I have signed a separate release of liability for myself or any minor in my care connected to participation with Abington Township, I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate release of liability waiver.

INITIALS: \_\_\_\_\_

Participant Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

**If the participant is a minor, parent/guardian must sign below:**

Parent/Guardian Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_